TLC and T-Care Template

Referral source

Project Diagnosis:

Other Diagnosis:

Allergies:

Current Medication Profile (active list)

OTC & Alternative Medications

Medication review:

Given and taken correctly	**YES**	**NO**
Knows reordering process	**YES**	**NO**
Knows side effects to report	**YES**	**NO**
Knows storage and disposal	**YES**	**NO**
Knows what to do for missed doses	**YES**	**NO**
Instruction given:		

Psychosocial Data

Marital Status:

Religion:

Competency Status:
    Competent:
    Incompetent:
    VA Rated Incomp.:
    VA Fiduciary:
    SS Payee:
    Unknown:

Financial Status:
    VA:
    SS:
    Spouse:
    Other:
    Health Insurance:

Guardian:

Power of Attorney:

Advance Directives:

Living Arrangements:

Type of Residence:

Caregiver Information:
      Relationship to patient:
      How many years care giving:
      Sources of support:
      Caregiver health status:
      Community/VA resources used:

ADL's: Katz score

IADL's: Lawton's score

Environmental barriers:

**** SPECIAL NEEDS/TEACHING BARRIERS ****
None identified   :
Memory deficit   :
Unable to concentrate   :
Overwhelmed   :
State of denial   :
Cultural/religious beliefs   :
Anxious   :
Angry   :
Language   :
Literacy   :
Not motivated at this time   :
Homeless   :
Visually impared   :
Hearing impared   :
Communication impared   :
Lack of family support   :

**** SPECIAL ACTIONS ****
Include caregiver
** in education   :**
Defer teaching at this time :
Refer to patient ed. classes :

**** SPECIAL PRINT MATERIALS ****
Low literacy   :
Spanish language   :
Age specific   :
Large print   :
Comments/other   :

Contact person to remove technology:

Care Coordination Plan:

Assessment:
Goals:
Interventions:
        Instructed on technology and caregiver resources information
        Instructed on project/contact numbers
        Frequency of contacts: